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CONFIRMATION NO. 5321

<b>SERIAL NUMBER</b> 10/695,380	<b>FILING OR 371(c) DATE</b> 10/28/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> SPEN-03C
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## APPLICANTS

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 Mark Ortiz, Milford, OH;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/268,028 10/09/2002 PAT 6,797,002 which is a DIV of 09/496,450 02/02/2000 ABN *ok*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/28/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> KY	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature _____ Initials _____				

## ADDRESS

026875

## TITLE

Heart valve repair apparatus and methods

<b>FILING FEE RECEIVED</b> 510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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